

FY15 Management Plan Update Log								
		Column 1:	Column 2:	Column 3:	Column 4:	Column 5:		
Annual submission is required for all items below that have changed or have upcoming dates, such as Provider training plans.								
Section/Alpha	SA Initials	Name of Sponsoring Organization	Attachment Letter	Date of most recent submission to the State agency (based on FY14 Update)	Check if this document has been updated since the date in Column 2.	Please write the effective date of the updated document.	Check if the updated version of this document is included in the FY15 Update	State agency comments
		Sponsor Management Plan						
		Section 1: Accountability Controls						
A		Bylaws			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
B		HIPAA Policy			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
C		Building for the Future Parent Notification			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
D		Mission Statement			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
E		Organizational Chart			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
		Section 2: Financial & Viability Controls						
L		Fiscal Policies			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
		Section 3: A-133 Audits						
		Section 4: Organizational Capability						
U		Evaluation Procedures			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
V		Job Descriptions			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
W		Outside Employment Policy			<input type="checkbox"/>		<input type="checkbox"/>	
X		Personnel Policies			<input type="checkbox"/>		<input type="checkbox"/>	Carried forward from FY14 unless updated
Y		Staff Training			<input type="checkbox"/>		<input type="checkbox"/>	
Z		List of Board of Directors			<input type="checkbox"/>		<input type="checkbox"/>	
		Section 5: Claim Submission & Minute Menu Procedures						
AA		VCA (a, b, c, d)			<input type="checkbox"/>		<input type="checkbox"/>	
BB		Late Claim Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
CC		Manual Claim Verification Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
		Section 6 : Licensing, Preapproval, and Provider Training						
DD		Provider Training Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY15
		Section 7 : Monitoring						
EE		5-Day Meal Reconciliation Procedure			<input type="checkbox"/>		<input type="checkbox"/>	Standardized for FY15
FF		FTE Monitor Staffing Standards			<input type="checkbox"/>		<input type="checkbox"/>	
GG		Household Contact/Parent Survey Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
HH		Meal Disallowance Policy			<input type="checkbox"/>		<input type="checkbox"/>	Standardized for FY15
II		Monitoring Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY15
JJ		Monitor Training Plan			<input type="checkbox"/>		<input type="checkbox"/>	Revised - FY15
		Section 8: Corrective Action & Serious Deficiency						
		Section 9 : Confidential Records						
KK		Corrective Action Procedure			<input type="checkbox"/>		<input type="checkbox"/>	
LL		Serious Deficiency Designations			<input type="checkbox"/>		<input type="checkbox"/>	
		Section 10: Tier Determination Procedures						
MM		Supplementary Tiering Procedure			<input type="checkbox"/>		<input type="checkbox"/>	